TOWN OF GRETNA

Residential Application and Service Contract

The undersigned (hereinafter called the Applicant) hereby applies for membership in the Town of Gretna (hereinafter called the Town) and agree as follows:

1. When the Town makes Utility services available to the Applicant, Applicant agrees to purchase from the Town, and pay as billed by the Town for all Utility services provided on the premises now owned or occupied by the Applicant, in accordance with the rate schedule and terms and conditions established by the Town Council. The minimum monthly charge for Utility service will be that which is specified in the rate schedule.
2. The Applicant will comply with and be bound by the terms and conditions of the Town Code, including provisions that service shall be disconnected if bills are not paid within the prescribed time period.

The acceptance of this application by the Town of Gretna shall constitute an agreement between the Applicant and the Town, and the contract for Utility service shall continue in force from the date service is made available by the Town to the Applicant, until terminated.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY

PLEASE PRINT CLEARLY

Billing Information:

Date: ______________________ Birthdate: _______________________ Phone #: (______)__________________

Full Name: (As account is to be billed): ____

Mailing Address: (Street or PO Box): ____

City: _________________________________ State: ______________________ Zip Code: __________________

Record Information:

Place of Employment: ____ Phone #: (_____)_____________

Address of Employer: _______________________________ Bank Name: _________________________________

Are you the: Owner or Renter of the property where service is requested? If you are renting, give name and address of owner:

____

What type of service are you requesting? In-Town Out-of-Town

What is the Service Address: ____

Signatures **– PLEASE SIGN FULL NAME**

Applicant: ____ SSN: ______________________________

Co-Applicant: ____ SSN: ____________________________

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OFFICE USE ONLY

Acct. #: __________________ Date Application Received: _________________ Checked By: _______________

Money Collected: Deposit: _________ Service Charges: __________ Reconnect: __________Back Debt: _________

Total: ___________________